

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) ETH-5115
In re Application of John Collier et al.		
Application Number 10/743,667	Filed 12/22/2003	
For SUTURE ANCHORING DEVICE		
Group Art Unit 3731	Examiner Natalie R. Pous	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate entity fee are as follows  
(check time period desired):

- ☒ One month (37 CFR 1.17(a)(1)) - (\$60/\$120) \$ 120.00
- ☐ Two months (37 CFR 1.17(a)(2)) - (\$225/\$450) \$ \_\_\_\_\_
- ☐ Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020) \$ \_\_\_\_\_
- ☐ Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590) \$ \_\_\_\_\_
- ☐ Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160) \$ \_\_\_\_\_
- ☐ Applicant claims small entity status.
- ☐ A check to cover the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-2478. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form.  
Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor

- ☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☐ attorney or agent of record.
- ☒ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) 33,020.

  
\_\_\_\_\_  
Signature

August 27, 2007  
\_\_\_\_\_  
Date

Michael J. Mlotkowski

\_\_\_\_\_  
Typed or printed name

(703) 584-3275

\_\_\_\_\_  
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.